**Troubled, troubling or in trouble: the stories of “troubled families”**

**Abstract**

The Troubled Families (TF) programme is a national initiative launched in 2011 that aims to identify and work with families defined as ‘troubled’. An in depth case study was undertaken using biographic data from eight ‘troubled families’ in one London borough. Intensive accounts of their lives were collected and analysed to illustrate the historical events, life experiences and formal and informal support that may have led to their identification as a ‘troubled family’. Current policy discourse characterises such families as dysfunctional with inter-generational problems. The stories recounted here describe families with specific needs who might be regarded as ‘in trouble’ but they are not ‘troublesome’.

**Introduction**

The Troubled Families (TF) programme was introduced in England in December 2011 as a means to improve outcomes for an estimated 120,000 families who were identified as having the greatest need and who place a significant burden on public services. They are claimed to cost £9 billion a year (Department of Communities and Local Government (DCLG) 2013). According to the Government’s national criteria, troubled families are defined as: families in which there is crime and anti-social behaviour, children that are absent from school or have high levels of truancy and where there is a parent out of work on benefits (DCLG 2012a). In order to qualify for inclusion in the programme, families have to meet 2 out of 6 criteria that now also include domestic violence, ‘children who need help’ and ‘parents and children with a range of health problems’ (DCLG 2014a). The programme is based on financial incentives and on a payment by results scheme, with local councils having to demonstrate successful outcomes in order to qualify for funding. In May 2015, it was claimed that local authorities had ‘turned around’ 99 per cent of ‘troubled families’ (DCLG, 2015) and it was hailed as a ‘real government success’ with the possibility of expanding the approach to other areas, such as child protection.

The TF programme focuses on family intervention, where a single, dedicated lead worker is assigned to work with each family who offers ‘hands on’ support using a *“persistent, assertive and challenging”* (DCLG 2012b, p.6) approach in order to help families develop a plan of action to improve the family’s outcomes. The approach of family intervention projects (FIP) are based on the pioneering Dundee Families Project (Dillane et al 2001) and has been effectively demonstrated in several evaluations (Nixon et al 2008; Pawson et al 2009; Woolfenden et al 2009) although any gains have also been shown to be lost over time once support was removed (White et al 2008).

There is an active social and political critique of how recent governments have framed the difficulties of families as ‘anti-social’ (Parr 2011) or indeed ‘troubling’, moving away from a previous discourse which saw people as vulnerable, disadvantaged or having multiple or complex needs (Bond-Taylor 2014). Indeed, Cameron’s troubled families speech (Cameron, 2011a) identifies the issues of labelling referring to the difference between what “officialdom might call ‘families with multiple disadvantages’….(and) some in the press might call them ‘neighbours from hell’. But the simple lessons of labeling theory that the identity and behavior of people may be influenced by the terms used to describe them have not been discussed.

The ‘lumping together’ of a number of different problems under the umbrella of ‘troubled families’ echoes a longstanding discourse from the 1970s that described ‘cycles of deprivation’ (Welshman 2007) and the 1980s discourse of the challenging underclass (Murray 1990). Levitas (2012a) identifies the discursive move in government policy from families that have troubles, through families that are troubled to families that cause trouble. The concept of a ‘troubled families’ programme originated in the aftermath of the riots of 2011 when it was claimed that there are households without fathers that “incite laziness, that excuse bad behaviour, that erode self-discipline, that discourage hard work, above all that drain responsibility away from people” (Cameron, 2011 b). Structural factors such as poverty or racial inequality were eschewed as explanations for the riots as were ill health, poverty and poor housing which were originally identified as explanatory factors in the calculation of 2% of families experiencing multiple disadvantages. This gave way to a pathologising of ‘at risk’ families alongside a narrative of personal responsibility and choice that holds individuals to blame for their problems. Whether there are households devoted to a culture of disruption and irresponsibility was not questioned. Instead, Louise Casey, head of the Troubled Families unit, interviewed 16 families (identified via family intervention projects in six local authorities in England) with the aim of getting a ‘true and recent understanding’ of the problems the families face, their histories and the scale of the challenge involved in meeting the government’s pledge (Casey 2012). Her report refers to ‘problem behaviours’ of violence, depression and substance misuse and ‘dysfunctional’ and unstable family structures, inter-generational problems and anti-social networks within communities that reinforce destructive behaviour.

The current study was commissioned by an outer London local authority with the aim to better understand how services for complex families might be configured and developed. Service-led approaches to working with families have commonly not included dialogue with families themselves and explored their lived experience (Clarke and Hughes 2009, Morris and Featherstone 2009) and the limited body of research on the needs of families described as ‘troubled’ has been noted (Bunting et al 2015, Maclehose 2014). The objectives of this study were to understand how families identified as a ‘troubled family’:

* describe the course of their life
* perceive their difficulties and explanations for them
* describe the nature of their support, both formal and informal.

Methodological issues in undertaking the study itself are also reported here, as they revealed important associated findings about the TF policy implementation process, which help to better understand some of the wider challenges that policy makers and front line staff face.

**Research design**

The first part of this research involved engaging families to construct their own life narrative, eliciting micro-historical (family) experiences within a macro-historical (history of the time) framework. The aim was to provide for the local authority, a nuanced understanding of a family’s current attitudes and behaviours. Particular focus was on how the families may have been influenced by initial decisions made at another time and in another place and their journey to having multiple needs that involve multiple services. The second part of the study was longitudinal, using semi-structured interviews. The families were followed over a two-year period to explore any changes in their lives and their experience of the TF programme’s service provision.

**Recruitment and participants**

138 families had been identified in the first year of the TF programme in the borough. The intention was to randomly select 20 families from this list and then for lead workers to discuss the study with the family. Ethical approval for the study was given by London South Bank University’s Ethics Committee in May 2013 (UREC 1315). The study faced overwhelming challenges in recruitment and this paper reports on the stories of eight families.

Eight lead workers from five different lead agencies (family intervention, education, social services, youth work, probation) agreed to approach families. 16 families were eventually identified and invited, of whom 10 consented. This was a smaller sample than intended and it is not known why families chose not to take part but lead workers commented on the ‘chaotic’ lives and overwhelming difficulties of some families that meant planning and arranging meetings was deemed too stressful. Gaining the agreement of the families also proved a challenge despite careful ethical considerations being put in place. A letter explaining the research was provided for families, which was also explained orally by the lead worker. It was made clear throughout the research that the participants could withdraw at any time without providing a reason, that they were under no obligation to continue, and that they could refuse to answer any questions that they did not wish to respond to. To incentivise participation, families received a £20 shopping voucher at the end of each interview. They were advised in the information sheet that the receipt of this constitutes a payment and that they may choose to declare this if they were in receipt of benefits. The voucher was to be given to the main carer, usually the mother, at the end of each interview.

Three interviewers from the research team made numerous attempts to arrange interviews with a lead worker introduction that eventually took place between August 2013 and January 2014. Two families decided not to take part having had the study explained to them. The remaining eight families were interviewed between one to three times over two years.

Table 1 shows the socio-demographic characteristics of the participants, how they met the TF criteria and their level of participation in the study. Lone parent women were disproportionately represented in these families identified as ‘troubled families’ which reflects the findings of studies of family intervention projects (Dillane et al 2001; Nixon et al 2008; White et al 2008). All were in or had been in abusive violent relationships with intimate partners and/or intergenerational relationships. These families were white with several children and long-term residents of the borough. All were now living on low incomes but this was not given as a reason for their troubles and few described growing up in poverty. Any details in the interviews regarding location have been removed to protect and safeguard the identities of the participants.

**Methods**

Biographic interviews were used to gather families’ life histories (Josselson and Lieblich 1993; Chamberlayne et al 2000). The structure of the interview was initially to elicit free narration, followed by more structured questioning. The interviewee was asked, by means of an initial open question, to give a full narration of events and experiences from their own lives to now. The interviewer encouraged the interviewee through nonverbal and paralinguistic expressions of interest and attention, giving the interviewee the space to remember, emphasise what is important and to structure their life story (Harding 2006). In the second part of the interview, the interviewer initiated, with semi-structured follow up questions, more elaborate narrations on topics and biographical events already mentioned. The intention was to interview as many family members as possible within each family group sampled, so that transactive or shared memories and different accounts could be included. It has been suggested that TF families may not be aware of each others’ needs (Kendall et al 2010). The interviews were however, with one exception, with the female head of the household. Interviews were conducted by three researchers and lasted between 40 minutes and three hours.

The interviews were transcribed and coded using NVivo 10 qualitative analysis software. A thematic analysis approach using the steps proposed by Braun and Clarke (2006, 2013) was used of initial coding based on a semantic and conceptual reading of the interviews, searching for themes and reviewing themes against extracts and the full dataset, and then defining and naming the themes. Three groups of two researchers each separately coded the interviews. The researchers met to share their analysis and develop shared coding and then the whole team met in order to develop an overall thematic framework.

**Findings**

The main research aim for this study was to explore how families described their life course and constructed their own difficulties and to identify if, when and what kind of support might have been helpful. Distinct themes emerged in these stories of the significance of life events contributing to disruption and leading to other difficulties: the descriptions of self as not coping and dependent on men and yet also stories of women coping alone through adversity; and people with considerable informal support but who had become increasingly isolated. Support from formal services was described variously as supportive where there was a dedicated lead worker or controlling and unwanted when multiple services had been involved.

***Theme One: ‘Getting into trouble’***

Most of the life stories recounted relatively stable childhoods and when participants described their childhood experiences, their narratives were generally positive:

*My mum and dad... had a good, happy, loving relationship. Got on really well, I've not seen them argue much or anything like that… Brilliant childhood.* (Participant 2)

*But that’s where with my mum’s side of the family, they’re close, they’ll stick together... So we've just been brought up to be a loving, caring family, you always help each other out (Participant 7).*

Characteristic of most of the families’ own childhoods were hard working parents with a strong work ethic:

*My dad used to be a car salesman. Always liked having his own business. My dad used to give me anything so one day he said to me, "What do you want for your birthday?" I said, "A horse," so he gave me a horse…a Shetland pony. (Participant 2)*

*[My dad] used to work at the pub and he used to have to do all the hours going (Participant 7).*

*Mum worked, we always had food on the table, and never went without (Participant 8).*

The relative stability of early relationships was described as giving way as participants become more independent from their families: All the participants in this study became parents by the age of twenty:

*I finished school, I met their dad and then moved in with him at fifteen and then I started hairdressing and then I found out I was pregnant at sixteen with K and then after that, just after, was this lot (she laughs) (Participant 7).*

All participants described major life events that had precipitated the involvement of different services in adulthood that led to them being identified as ‘troubled families’. One of the most striking features is that all eight participants experienced domestic abuse in their adult relationships. The women in these life stories all described domestic violence as a turning point that led to frequent moves and the loss of stability, and mental health problems. Yet all described the leaving of a violent relationship as a strength and achieved because of the impact that their partner was having on their children:

*He punched me, kicked me, he beat me in the kitchen on Christmas Eve. He had toys belonging to the kids in his car and he went to the car and he got the toys and he just threw them in the garden… that was my turning point (Participant 3)*

I would never have thought that in a million years that this would have been where I found all my strength to stand up to him you know...And once I’d actually left him I just felt like there was no stopping me. I had so much fire in my belly, even though I was terrified I had so much fire as well, all them years and all the things he’d done to the kids, you know he nearly killed us all and that and I just, I was so, I would stop at nothing to protect the kids (Participant 1).

The Old Bill were at the house across the road... I went to open the door, "Over here, over here… He's upstairs, get him out." Oh, it's the best feeling in the world even though I had done it before and I did go back. But it's such a relief. Then they took him and whilst he was in the police station, me and [my daughter], we got all his stuff. Every little last thing, essence of him, out of this house in a suitcase (Participant 2).

***Theme 2: ‘Becoming troubled’***

All participants were currently the head of a lone parent household and described struggling to manage considerable demands. This included managing the cumulative sequelae of earlier life events on themselves and their children. For some, the dominant attitude was one of resilience - ‘well, you just get on with it’ yet many participants described themselves negatively as not coping. Whilst some described already having a negative sense of self from childhood, most described this as the result of life events. This low self-esteem was in contrast to what were described as ‘strong women’ in the family and wider support network who were important role models:

(Nan was) a remarkably, remarkably strong determined woman. So strong and determined that if she wanted to do something she would do it (Participant 1).

The loss of these supportive others through death or separation was perceived as catastrophic, altering participants’ sense of self and contributing to their guilt and fear that they might not hold the family together and their children might be taken away from them.

All the participants described themselves as socially isolated with few links to the community and few friends despite having strong connections and networks in childhood. Several families were subject to abuse by neighbours. Informal caring networks were not available and the traditional sources of support (partners, parents) were the source of ‘trouble’. In their accounts participants described their ex-partners more often as a threat or as absent rather than as a source of support. Where fathers were not directly perceived as a threat, they were often described as peripheral figures:

He was taken, they kept him in on remand and then took him to a Crown Court and he got nine months for failing to do his community service, so he wasn’t there when my son was born (Participant 3).

*He was never there – he reckons that to pay for it all he had to work night work. I think it was all a lie to be honest, which meant I was always alone with the kids, I even went on holiday with the kids. Me doing everything with the boys on my own. Then it got to the point where I thought what’s the point of it all* (Participant 7)*.*

Many parented children with physical, mental and behavioural difficulties. For example, one mother described coping with her 9-year-old son’s increasingly violent behaviour. This was directed towards her and his siblings and reached a crisis point when he threatened his brother was a knife:

[He] got more violent. He pulled a knife and wanted to get to his brother… I called the police, I called the police (Participant 7).

She described how, in the following weeks, her son had directed his aggression towards her:

[My son] got very argumentative with me and started pushing me around. I’d nearly been pushed down the stairs, they had bunk beds at one point and because he was rude I asked him for his mobile and he wouldn’t hand it over so I put my hands through the bars, he kneeled on my arm and I had a massive bruise under my arm (Participant 7).

Several parents felt a hopelessness that their difficulties in parenting arose either from their own vulnerability and inability to cope, or that violence is inescapable in all relationships. Others refused any description of themselves as a poor parent and clearly saw their difficulties with their children as arising from a diagnosable problem, gaining some relief with a diagnosis of ADHD.

***Theme 3: ‘Being troublesome’***

All participants had some experience of formal services as adults. However, this was often late and sometimes quite problematic when services were experienced as absent or interfering. The predominant pattern was that formal services became involved at a crisis point where family members felt overwhelmed. Because of the complexity of the issues, this involved multiple services. In the example of the child who had threatened his brother with a knife, the mother described how she had responded as follows:

With the knife incident, we got on the phone to Social Services. We had a Home/School Support Worker. Because, obviously, I let them know straight away about the incident and that I’d called the Police out. So we sat down together and we called Social Services... So we weren’t taking any risks. We felt, “No”, just get on the phone to them now (Participant 7).

When the situation deteriorated and she was subject to his violence, this was another crisis point and precipitated the involvement of the wider family:

I let the school know and he eventually got counselling, but it got to a point where I kicked him out. He went to my mums for five weeks (Participant 7).

She felt that this had been productive as her mother had spent individual time with him building their relationship. Child and adolescent mental health services had become involved and he had received the diagnoses of ADHD and Oppositional Defiant Disorder (ODD).

Conversely, services could be seen as interfering. Professionals from formal services have a responsibility for child protection and this involved having to monitor as well as support families. This tension came out in most of the accounts that participants gave of the involvement of formal services. For example, one participant described how a partner physically abused both her and her 2-year-old daughter and children’s social care intervened and placed her daughter in foster care. This was reported in the local newspaper and she experienced social ostracism from friends and family as well as being verbally abused in the street by strangers. She felt that she was being treated as if she had physically abused her daughter herself. Another participant whose children had been subject to a child protection plan for over a year described how she experienced the involvement of services:

*I’ll be glad when they have gone and let us get on with our life because at the moment, we just don’t feel like we’ve got a life and we’re just like on nerves waiting for the door to knock all the time and that’s not a life, I’m sorry, it’s not. We just want to be a family that we just get on with our own things* (Participant 5).

She went on to describe the social worker visiting the family and the impact that this had on family life:

*She turns up at half past six at night and it’s like, I’ve just got the baby, like the kids into bed and they have to get out because she wants to talk to the kids then she moans “oh the house is untidy, you could do a lot better than this” and questions the boys “Oh, has Mummy got a boyfriend, has Mummy kissed the boyfriend, how often have you seen Daddy” and it’s like, why’s she questioning them?* (Participant 5).

Where formal services had been helpful it was often the relationships with individual workers:

He does really open up to her. If there’s been a problem at school, even though she already knows about it, he doesn’t know that she already knows about it and he will open up himself (Participant 7).

She’s a lovely woman, I mean the kids have been through them, the two boys have and they love her a bit (Participant 5).

Some participants focused upon having a lead worker, which was a feature of the TF programme, who was able to co-ordinate and navigate services as particularly helpful:

Having [lead worker], it’s made a big difference… There are times when I just wanna break down in tears and frustration because you feel like you’re banging your head against a wall and not getting nowhere. I suppose I’m more confident, definitely. More confident, I feel like I’m on top of things now (Participant 7).

She got in touch with the Council and everything and she did everything and she got it all sorted out (Participant 5).

Participants described involvement with projects that had been helpful such as parenting courses and counselling services. Yet several described the vulnerability of such projects and even though they had been helpful, they were described as “taken away” or “just shut down”.

The TF programme is based on a model of early intervention to prevent families continuing to need multiple service involvement. In these accounts, participants frequently stated that they didn’t want services, either from a lack of knowledge or from an ambivalence about whether such support might be experienced as controlling:

I did not know anything that was out there, it did not occur to me to go anywhere… I went to the doctors but all you were ever given was anti-depressants and that was it. They never said like ring this person or that person. So it was the case of, I didn’t go and look for help. I just, I think the family were there to pick up the pieces (Participant 8).

As soon as [my son] was referred I was pointed in the direction of [early intervention service] but I didn’t really use the services… Then it took me so long to re-join the following year and then I did engage with the services. So maybe if I’d have engaged with the services earlier I would have kept that constant… It was just maybe being afraid to say. Say what was going on and things like that. I should’ve just picked up the phone (Participant 7).

**Discussion**

The participants in this study exhibited three or more of the Troubled Family criteria which is deemed suggestive of a certain level of entrenched and compounded issues (DCLG 2014b) and they might be labelled as having complex needs as they meet a set of objective criteria related to the use of services. In common with the families interviewed by Louise Casey, the director of the Troubled Families programme, many had poor health, mental health problems, and experience or have experienced violence (DCLG 2014b). The dominant discourse around troubled families is of unstable family structures, generations of worklessness and unhelpful extended family networks (Casey 2012). The, admittedly limited number of families in this study, did not fit with this evidence. The women in these families had positive childhoods and supportive parenting and none had come from generations of worklessness. Theories of intergenerational cycles and the ensuing government policy have long been disputed, whether in attitudes to worklessness (Shildrick et al 2012) or family disruption (Welshman 2007), and this study suggests that the Troubled Families programme obscures the real reasons why families end up in trouble.

Although it might be questioned whether these families were ‘troubled’ or simply meeting certain measures of disadvantage, the label of being a ‘troubled family’ nevertheless has some limited accuracy. The families in this study were in adversity with complex needs. Their life events, which for others might lead to depression or deep sadness, had for these individuals become trouble. Government policy on troubled families have described them as people with a “lack the resilience, insight and capability to overcome problems, or the capacity to find and use the support they need, significantly affecting their life chances and those of their children “ (NatCen 2011 p. 9). The participants in this study, mostly from settled, stable family backgrounds, had ended up being ‘troubled’ in later life. It is not possible in biographic research to identify explanations or causation but there was no evidence that the women participants shared any personal characteristics or attributes such as optimism or capacity to change that might explain their abilities to cope with adversity. Yet it is striking that all had started parenting at a young age and all had experienced domestic violence. In their stories, these two factors were offered as part of their own narrative and explanation for their current difficulties suggesting that the support required from professionals should be emotional and practical rather than the behavioural goals and possible sanctions set by the TF whole family approach. The suggestion in government discourse that families have choices about how they parent, seek work and so on (Cameron 2010) denies the complexity of the difficulties they face. As Davies (2015, p.11) notes: “the attention to ‘trouble’ can obscure the strengths that families show, the resources and resilience they generate and the ways of coping that they create and recreate in the face of change.”

The families did not perceive themselves as ‘troublesome’. In their description of their current life, most used simple words such as “problems” or “having difficulties” and “not coping”. None of the criteria they met (see Table 1), in themselves, have anything to do with disruption, irresponsibility, or crime. Whilst four families were subject to anti-social behavioural orders (ASBOs), these arose from their children’s behaviour and neighbours themselves subjected several of the families to abuse. Likewise, although two participants had been identified as having substance misuse issues, their accounts do not mention this.  The national evaluation of the programme (DCLG 2014c) found that 85% had no adults with a criminal offence in the previous six months, 89% had no adult subject to an anti-social behavior intervention and 93% had no adults clinically diagnosed as being dependent on alcohol. Indeed the only characteristics identified in the evaluation that are shared by the majority of ‘troubled families’ are that they are white, not in work, live in social

housing and have at least one household member experiencing poor health, illness and/or a disability.

The expectation suggested in government documents informing the troubled family initiative is that with the right kind of evidence, the local authority would be able to identify when and how to intervene. Labelling and defining people as a troubled family might help to overcome the slow and unresponsive nature of services allowing a more intensive intervention. Yet this in-depth study has shown that not only are people’s lives much more fluid and each story is unique than to allow for an accurate label, but also services are rarely described and are quite peripheral to their historical accounts. This might be because these families’ relationship to help in their earlier lives was from family and friends not professionals. It might also be because these families had not had a family intervention in the way in which the Troubled Families programme intended. This borough, like several others, had chosen not to inform identified families that they were part of a Troubled Families programme and it is not clear in the participants’ stories that all of the families had a lead worker working intensively or whether they were simply in receipt of universal services. This lack of engagement with services might also explain the problems this study had attempting to recruit participants through lead workers.

The Prime Minister has claimed a 99% success rate for the Troubled Families programme (DCLG 2015) which seems unlikely at a time of local authority cuts and some entrenched problems in the identified families. Because the threshold for a troubled family is set so high, when a family no longer meets one or more of the criteria (as is the case with two of these families after six months) they are regarded as “turned around”. Crossley (2015) questions whether families’ lives have actually been turned around suggesting that this is simply a ‘data matching’ exercise whereby available data on employment, education and so on is used to show a change in circumstance without any intensive intervention necessarily having taken place. Because these families did not know they were regarded as ‘troubled’, we do not know if they perceived that their lives had been ‘turned around’. As shown in Table 1 two families were not part of the programme after one year, challenging any continuity and advocacy by lead workers (Levitas 2014) and compromising the trust, engagement and motivation that may have been built.

There are obvious limitations to this study. It is a self-selected and small sample of those with these problems and who nevertheless, wished to be involved in the study. Only one male in the family gave a story with his partner and otherwise, it is only the women of the family who gave their stories. There were major challenges in recruitment to the study. As the borough did not tell families they were part of a TF programme, recruitment had to be through the caseloads of lead workers. It is acknowledged that the lead workers mediated the recruitment to this study and this may have limited the variety of perspectives obtained from families, but as all the families would meet TF criteria, any selection bias is offset. Many lead workers across different agencies were anxious about compromising their existing engagement with the family and also potentially what the families might reveal about their own practice. There were also ethical and safeguarding challenges as identified by other studies (Morris, 2012). Advice was taken from the participating lead workers about the vulnerabilities and the risk of harm for families who were suffering high levels of distress about their situation. Families who might pose an unduly high risk to interviewers or where there would be difficult interview conditions (such as potentially dangerous dogs or violent family members) were excluded from the sample. Lead workers made assumptions about a potential lack of co-operation by certain families labelling them as ‘troubling’ and not likely to engage. Some of the lead workers also expressed concern at the lack of transparency in recruitment to a study about troubled families when those families were ignorant of their own inclusion in a programme.

These accounts cannot be regarded as typical. Indeed, the diversity of the criteria of crime, truancy and worklessness together with whatever criteria local authorities choose, suggest that it would be misleading to think of a homogenous group of ‘troubled families’ and the variation of local authorities in attaching families to the programme has been noted (NAO 2013). The focus of this study however, is on the lived experience of these families and seen together, they provide a coherent and rich source of data that contributes to our understanding of the needs of some of those identified as ‘troubled families’. Their experiences and explanations highlight the importance of attention to the individual. They also reveal sharp methodological problems in researching troubled families, because issues of definition, of service user agency and of the significance of service provision in a ‘troubled’ life course is more complex than current service provision philosophies and conventional research models permit.

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|  |  |  |  |  |  |
| --- | --- | --- | --- | --- | --- |
| **Number** | **Status** | **Family composition (ages of children)** | **Employment status** | **Troubled family criteria (see below)** | **Participation in the study** |
| 1 | Lone parent | 7, 15, 17, 20 | Non work-related benefits | 1,2,3,5 | Two interviews |
| 2 | Lone parent | 14 | Employed part time/work-related benefits | 1,5,6 | Two interviews |
| 3 | Lone parent | 12, 14 | Employed  Work-related benefits | 1,3, 5, 6 | Two interviews |
| 4 | Lone parent | 12, 22, 26 | Work-related benefits | 1,5, 3,7 | Two interviews. No longer part of the TF programme after one year |
| 5 | Lone Parent | 1 adult child  Four children aged between 1 -16 | Work-related benefits | 1, 3 | One interview. Not traceable |
| 6 | Lone parent | 12, 15 | Work-related benefits | 1, 3,6 ,7 | One interview. Died 2014 |
| 7 | Married | 4, 12, 15 | Employed | 3,4, 6, 1 (reported by participant) | Three interviews |
| 8 | Lone parent | 6, 10 | Work-related benefits | 1,6, 7 (reported by participant) | One interview. No longer has a key worker in the TF programme |

**Table 1 Characteristics of the participants**

|  |  |
| --- | --- |
| Code | Troubled Family Category |
| 1 | Domestic Violence |
| 2 | Not in Employment, Education or Training (NEET) |
| 3 | Mental Health |
| 4 | Contact with Criminal Justice |
| 5 | Anti- Social Behaviour Order |
| 6 | Excluded from main stream education |
| 7 | Substance misuse |

**Table 2 Key Themes**

|  |  |  |  |
| --- | --- | --- | --- |
| Themes | ‘Getting into trouble’ | **‘**Becoming troubled’ | ‘Being troublesome’ |
| Categories | **Life events: frequent moves, death of significant people** | **Self as not coping** | **Involvement with multiple services** |
|  | **Sequelae of events: young parents, domestic violence, poor mental health** | **Resilience as inner strength: women (mother or grandmother) as strong** | **Services as supportive or controlling services** |
|  | **Constellation of events contributing to crisis points** | **Family networks of childhood breaking down and social isolation** |  |